

SPRINKLER SYSTEM PERMIT APPLICATION



Hingham Fire Department
Fire Prevention Office
210 Central Street
Hingham, MA 02043
(781) 741-1488

HFD SP Permit # _____
Building Permit # _____
Map & Key # _____

☐ STANDARD PERMIT ☐ SHORT FORM PERMIT

NOTE: This application form must be completed and submitted to the Hingham Fire Department, Fire Prevention Office, 210 Central Street.

1. Tenant Name: _____
2. Site Address: _____ Unit/Bldg # _____
3. Complex Name: _____
4. Work being done: ☐ Modification to existing system ☐ New System
5. Total # of new & relocated heads: _____ Fire Pump required: ☐ Yes ☐ No
6. Number of Risers: _____ Number of Standpipes: _____
7. Description of Work, (be specific, use the back of the application if necessary):

8. Fee: ☐ Standard Permit: \$50.00 ☐ Short Form Permit: \$25.00 ☐ No Charge

Contractor Name: _____ **Phone # :** _____
Contact Name: _____ **Fax # :** _____
Business Address: _____
Sprinkler Contractors (SC) License Number: _____

Check the box indicating the scope of work being done to determine which Permit you are applying for:

- ☐ Over 25 heads shall use Standard Permit.
☐ 25 or fewer heads shall use Short Form Permit.
☐ Repair work with over 10 and up to 25 heads shall use Short Form Permit.
☐ Repair work with over 25 heads shall use Standard Permit.
☐ Residential Sprinkler systems and Tenant fit up's shall use Short Form Permit.

Failure to PROVIDE ANY of the above requested information may result in a delay of the review process and the rejection of your application. Please allow a minimum of three weeks for the Hingham Fire Department review process. You will be notified when your PERMIT and PLANS are ready for pick up.

I understand that the installation shall comply with the Hingham Fire Department Guidelines and the 2002 Edition of NFPA 13, and that upon completion of the installation a Test Certificate for Aboveground and Underground Piping shall be filed with the Hingham Fire Department as per NFPA 13.

PRINT NAME (APPLICANT) and PHONE NUMBER

SIGNATURE (APPLICANT)

OFFICIAL RECEIVING APPLICATION

DATE RECEIVED